| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |                               |                     |                                       |          |                    | Application or Docket Number |     |                     |                        |
|--|--|---|--|-------------------------------|---------------------|---------------------------------------|----------|--------------------|------------------------------|-----|---------------------|------------------------|
|  |  | CLAIMS A                                  | S FILED -  |                               | (Column 2)          |                                       |          | SMALL ENT          | ITY                          | OR  | OTHER<br>SMALL E    |                        |
| U.S.   | NATIONAL S                                     | STAGE FEES                                |  |                               |                     | · · · · · · · · · · · · · · · · · · · | 1 [      | RATE               | FEE                          | l   | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                               | LARG                | E ENT. = \$ 300                       |          | IASIC FEE          | 161                          | OR  | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                         |                               |                     | her situations =                      |          | XAM. FEE           | 171                          |     | EXAM, FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>- \$ 200 / \$ 400 |                               | ALL of              | ther situations = 250 / \$ 500        | s        | EARCH FEE          |                              |     | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | ıs 100 =                      |                     | / 50 =                                | 1 [      | X \$ 125 =         |                              |     | X \$ 250 =          | -                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 21) mir  | nus 20 =                      |                     |                                       |          | X \$ 25 =          |                              | OR  | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | A minus 3 = *  |                               |                     |                                       | 1 [      | X \$ 100 =         |                              | OR  | X \$ 200 =          | •                      |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT   |                               |                     |                                       | 1        | + \$ 180 =         | 1.4.                         | OR  | + \$ 360 =          |                        |
| * ពេ   | the difference                                 | in column 1 is l                          | ess than zero, enter "0" ir  |                               |                     | lumn 2                                | <i>.</i> | TOTAL              | 450                          | OR  | TOTAL               |                        |
|  |  | CLAIMS AS (Column 1)                      | AMENDED - PART II  (Column 2) (Column 3)                                   |                               |                     |                                       |          | SMALL E            | NTITY                        | OR. | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | 8/7/06   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA                      |          | RATE               | ADDI-<br>TIONAL<br>FEE       |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | ·20                                       | Minus  | " 2                           | O                   | =                                     |          | X \$ 25 =          |                              | OR  | X \$ 50 =           |                        |
|  | Independent                                    | ٠ ع                                       | Minus  | ***                           | <br>3               | -                                     |          | X \$ 100 =         |                              | OR  | X \$ 200 =          |                        |
| i  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR |   |  |                               |                     |                                       |          | + \$ 180 =         |                              | OR  | + \$ 360 =          |                        |
|  |  |   |  |                               |                     |                                       | Ī        | FFF                |                              | OR  | TOTAL ADDIT.<br>FFF |                        |
|  |  | (Column 1)                                |  | (Colur                        | mn 21               | (Column 3)                            |          |                    |                              |     |                     |                        |
| AMENOMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO         | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA                      |          | RATE               | ADDI-<br>TIONAL<br>FEE       |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                            |                     | =                                     |          | X \$ 25 =          |                              | OR  | X \$ 50 =           |                        |
| AME  | Independent                                    | *   | Minus  | ***                           |                     | =                                     |          | X \$ 100 =         | ·                            | OR  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT (     |   |  |                               | CLAIM               |                                       |          | + \$ 180 =         |                              | OR  | +\$360 =            |                        |
|  |  |   |  |                               |                     |                                       |          | OTAL ADDIT.<br>FFF |                              | OR  | TOTAL ADDIT.<br>FFF |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                               |                     |                                       |          |                    |                              |     |                     |                        |